



DC DOG LICENSE & DOG PARK APPLICATION



If applying by mail, please complete form and send it to:

Department of Health
Animal Services Program
P.O. Box 37804
Washington, D.C. 20013

To ensure timely processing, please include:

- Your pet's rabies & distemper vaccinations and proof of sterilization (if applicable)
- Check/money order for \$15 (sterilized) or \$50 (unsterilized) payable to "DC Treasurer"

OWNER INFORMATION				OFFICE USE ONLY			
Name				License Number		Expiration Date	
Address				Issued By			
City, State, Zip	Washington, DC 200			Transaction Date			
Home Phone				Check/Money Order Number			
Alt. Phone				Fee, Sterilized	\$15.00		
Email Address				Fee, Unsterilized	\$50.00		
Comments (Include physical address for dog if different from owner address):				Renewal? (Check) <input type="checkbox"/>			
DOG and VACCINATION INFORMATION							
Breed				Name			
Sex		Age		Color			
Rabies Vac Date				Rabies Tag #		1 Year	3 Year
Distemper Vac Date				1 Year	3 Year		

Dog Exercise Area (Dog Park) Assumption of Risk and Release of Liability:

I hereby acknowledge that I have applied to participate and use, with my dog(s), Dog Exercise Areas (DEAs) designated by the District of Columbia and the Department of Parks and Recreation (DPR). I understand that the acts of unleashing my dog(s) or being physically present inside a DEA necessarily involves risks of injury to me, other people, my dog(s) and other dogs, including but not limited to, risks resulting from aggressive or dangerous dogs, unpredictable behavior, lack of training, and lack of vaccination. I expressly assume these risks and responsibility for the actions of my dog and myself. I understand that neither the Government of the District of Columbia, nor an agent or employee of the Government of the District of Columbia is liable for any loss, damage, or injury of any kind sustained by any human or dog while using the DEA. I therefore expressly assume all risks associated with using a DEA, as well as any fixtures or equipment located therein.

By signing this release of liability and using a DEA, I hereby fully and forever release and discharge the Government of the District of Columbia, their employees and agents from any and all claims, demands, damages, or causes of action present of future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my intended use of said DEA premises, facilities, or equipment.

I have carefully read this release of liability and understand, agree with and accept its terms and condition.

Owner Signature

Date